

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>rn</i>	<i>905</i>	<i>3/06/01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>zm</i>	<i>927</i>	<i>07/24/01</i>

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	10
Original	11
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Claim	Date
Final	51
Original	52
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Claim	Date
Final	101
Original	102
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If more than 150 claims or 10 actions  
staple additional sheet here

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